

HISTORY FACILITY PROFILE

IRON COUNTY HOME HEALTH AGENCY
429 WEST 400 SOUTH
CEDAR CITY UT 84720
STATE'S REGION CODE: 001

PROVIDER #: 467012
PHONE NUMBER: (435) 586-3939
PARTICIPATION DATE: 01/01/1969

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - OTHER

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
06/1995	08/1996	09/1999	08/01/2001	

PROGRAM REQUIREMENTS

X	STD	G0107-HHA INVESTIGATION OF COMPLAINTS REGARDING TREATMENT/CARE
X	STD	G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV
X	STD	G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
X	STD	G0172-RN REGULARLY REEVALUATES PATIENT NURSING NEEDS

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	0	4	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	4	0	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/17/1998	SUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
09/06/2001	COMPARATIVE

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT